WISCONSIN MEDICAID

PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL) FOR PROTON PUMP INHIBITOR (PPI) DRUGS COMPLETION INSTRUCTIONS

Wisconsin Medicaid requires certain information to enable Medicaid to authorize and pay for medical services provided to eligible recipients. Although these instructions refer to Medicaid recipients, all information applies to BadgerCare recipients and SeniorCare participants.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or Medicaid payment for the services.

The use of this form is voluntary and providers may develop their own form as long as it includes all the information on this form and is formatted exactly like this form. Refer to the Pharmacy Handbook for service restrictions and additional documentation requirements. Provide enough information for Wisconsin Medicaid, BadgerCare, or SeniorCare to make a reasonable judgment about the case. Prescribers and dispensing physicians are required to retain a completed copy of the form.

Prescribers are required to complete and sign the the Prior Authorization/Preferred Drug List (PA/PDL) for Proton Pump Inhibitor (PPI) Drugs. Dispensing providers (e.g., pharmacies, dispensing physicians, federally qualified health centers, blood banks) are required to use the PA/PDL for PPI Drugs to request PA by using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system or by submitting a paper PA request.

Providers may submit PA requests on a PA/PDL form in one of the following ways:

- For STAT-PA requests, dispensing providers should call (800) 947-1197 or (608) 221-2096.
- For paper PA requests by fax, dispensing providers may fax the forms to Wisconsin Medicaid at (608) 221-8616.
- For paper PA requests by mail, dispensing providers should submit a Prior Authorization Request Form (PA/RF) and the appropriate PA/PDL form to the following address:

  Wisconsin Medicaid
  Prior Authorization
  Ste 88
  6406 Bridge Rd
  Madison WI 53784-0088

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

SECTION I — RECIPIENT INFORMATION

Element 1 — Name — Recipient
Enter the recipient's last name, followed by his or her first name and middle initial. Use the Eligibility Verification System (EVS) to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

Element 2 — Date of Birth — Recipient
Enter the recipient's date of birth in MM/DD/YYYY format (e.g., September 8, 1996, would be 09/08/1996).

Element 3 — Recipient Medicaid Identification Number
Enter the recipient's 10-digit Medicaid identification number. Do not enter any other numbers or letters.

SECTION II — PRESCRIPTION INFORMATION

If this section is completed, providers do not need to include a copy of the prescription documentation used to dispense the product requested.

Element 4 — Drug Name
Enter the drug name.

Element 5 — Strength
Enter the strength of the drug listed in Element 4.

Element 6 — Date Prescription Written
Enter the date the prescription was written.

Element 7 — Directions for Use
Enter the directions for use of the drug.

Element 8 — Diagnosis — Primary Code and/or Description
Enter the appropriate *International Classification of Diseases, Ninth Edition, Clinical Modification* (ICD-9-CM) diagnosis code and/or description most relevant to the drug or biologic requested. The ICD-9-CM diagnosis code must match the ICD-9-CM description. The diagnosis code for PPIs must be one of the PPI-approved codes.

Element 9 — Name — Prescriber
Enter the name of the prescriber.

Element 10 — Drug Enforcement Agency Number
Enter the nine-character Drug Enforcement Agency (DEA) number of the prescribing provider. This number must be two alpha characters followed by seven numeric characters. If the DEA number cannot be obtained or the prescriber does not have a DEA number, use one of the following default codes:

XX5555555 — Prescriber's DEA number cannot be obtained.
XX9999991 — Prescriber does not have a DEA number.

These default codes must *not* be used for prescriptions for controlled substances.

Element 11 — Address — Prescriber
Enter the complete address of the prescriber's practice location, including the street, city, state, and zip code.

Element 12 — Telephone Number — Prescriber
Enter the telephone number, including the area code, of the office, clinic, facility, or place of business of the prescriber.

SECTION IIIA — CLINICAL INFORMATION FOR PROTONIX
Include diagnostic, as well as clinical information, explaining the need for the product requested. In Elements 13 and 14, check "yes" to all that apply.

Element 13
Check the appropriate box to indicate if the recipient has experienced treatment failure or has had an adverse reaction with Prilosec OTC®. If yes, indicate the failed drug(s) or adverse reaction that can be directly attributed to Prilosec OTC® and the dates the drug(s) was taken.

Element 14
Check the appropriate box to indicate if the recipient is a pregnant woman or a child who weighs less than 20 kilograms. If yes, indicate which condition the recipient has.

SECTION IIIB — CLINICAL INFORMATION FOR NON-PREFERRED PPIs

Element 15
Check the appropriate box to indicate if the recipient has experienced treatment failure or has had an adverse reaction with Prilosec OTC® and Protonix®. If yes, indicate the failed drug(s) or adverse reaction that can be directly attributed to Prilosec OTC® and Protonix® and the dates the drug(s) was taken.

Element 16 — Signature — Prescriber
The prescriber is required to complete and sign this form.

Element 17 — Date Signed
Enter the month, day, and year the PA/PDL for PPI Drugs was signed (in MM/DD/YYYY format).

SECTION IV — DISPENSING PROVIDERS USING STAT-PA

Element 18 — National Drug Code
Enter the appropriate 11-digit National Drug Code (NDC) for each drug or biologic.

Element 19 — Days' Supply Requested
Enter the requested days' supply.

Element 20 — Wisconsin Medicaid Provider Number
Enter the provider's eight-digit Wisconsin Medicaid provider number.

Element 21 — Date of Service
Enter the requested first date of service (DOS) for the drug or biologic. For STAT-PA requests, the DOS may be up to 31 days in the future or up to 14 days in the past.

Element 22 — Place of Service
Enter the appropriate National Council for Prescription Drug Programs (NCPDP) patient location code designating where the requested item would be provided/performed/dispensed.

Code	Description
00	Not specified
01	Home
04	Long Term/Extended care
07	Skilled Care Facility
10	Outpatient

Element 23 — Assigned Prior Authorization Number
Indicate the seven-digit PA number assigned by the STAT-PA system.

Element 24 — Grant Date
Indicate the date the PA was approved by the STAT-PA system.

Element 25 — Expiration Date
Indicate the date the PA expires as assigned by the STAT-PA system.

Element 26 — Number of Days Approved
Indicate the number of days for which the STAT-PA request was approved by the STAT-PA system.

SECTION V — ADDITIONAL INFORMATION

Element 27
Indicate any additional information in the space provided. Additional diagnostic and clinical information explaining the need for the product requested may also be included here.